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(Depositor's name	Molly C. Kelly
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:2501 :1504	700.00 DP 300.00 DP			Mollyck	elly	(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/636,126	08/07/2003	Shun-Min Chen		Iin Chen	7266	1570
ITLE OF INVENTION: C	COLLAPSING DEVICE FOI	R CARRIER				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	BE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	03/16/2006
EXAM	MINER	ART UNIT		CLASS-SUBCLASS	7	
SWENSON	N, BRIAN L	3618		280-642000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless recordation as set forth is	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee of this form is NO?	data will app Γa substitute	pear on the patent. If an assig for filing an assignment.	nee is identified below, the d	ocument has been filed fo
(A) NAME OF ASSIGN	IEE	(B	) RESIDEN	CE: (CITY and STATE OR CO	OUNTRY)	
Wonderland	Nurserygoods (	Co., Ltd.	TAIWA	N		•
ease check the appropriate	e assignee category or catego	ories (will not be pri	inted on the p	patent): 🗖 Individual 🗓 (	Corporation or other private gro	oup entity Governmen
a. The following fee(s) are	enclosed:	4b	. Payment of	``		
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Wonderland Nurserygoods Co., Ltd.	TAIWAN		
Please check the appropriate assignee category or categories (will not be p	rinted on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government		
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0079 (enclose an extra copy of this form).		
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).		
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Authorized Signature Colombia	Date 1/20/06		
Typed or printed name Arlene J. Powers	Registration No. 35,985		
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